

Docket No.: 42390.P8723

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Dyrga, et al.

Application No.: 09/608,773

Filed: June 30, 2000

For: RESILIENT CHASSIS-BASED

**NETWORK SWITCHING** 

Examiner: D. Odland

Art Group: 2662

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MAR 1 5 2003

**Technology Center 2600** 

## AMENDMENT AND RESPONSE TO THE OFFICE ACTION

MAIL STOP NON-FEE AMENDMENT Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the outstanding Office Action, mailed December 10, 2003, please enter the following amendments and consider the following remarks.

Amendments to the Claims are reflected in the listing of claims which begins on page 2. Remarks begin on page 7.

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)			Application No.	09/608	09/608,773  June 30, 2000  Ryszard W. Dyrga RECEI			
			Filing Date	June 3				
			First Named Inventor	Ryszai				
			Art Unit	2662		MAR 1 5	2003	
,			Examiner Name	D. Odl	and	2003		
Total Number of I	Pages in This Submissi	on 15	Attorney Docket Numbe	r 42390	42390P8723 Technology			
	ENCLO	SURES (ched	ck all that apply)					
Fee Transmittal	Form	Drawing(s)	)		ofter Allowance o Group	e Communication		
Fee Attac	ched	Licensing-	related Papers	Appeal Communication to Boar of Appeals and Interferences				
Amendment / R	esponse	Petition		Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)				
After Fina Affidavits.	al /declaration(s)	Petition to Provisiona	☐ P	Proprietary Information				
Extension of Tin	ne Request	Power of A Change of	<u> </u>					
Express Abando	onment Request	Terminal D		Other Enclosure(s) (please identify below):				
Information Disc	closure Statement	Request fo	- r	eturn postcar	rd			
PTO/SB/08		CD, Numb						
Certified Copy of Document(s)								
Response to Missing Parts/ Incomplete Application  Basic Filing Fee  Declaration/POA		Remarks		1				
Respons	e to Missing der 37 CFR							
	SIGNATUR	E OF APPLICA	NT, ATTORNEY, OR A	GENT				
Firm or	Lisa Tom, Reg. No. 52,291							
Individual name	BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP							
Signature	Low hu							
Date	March 8, 2004							
			LING/TRANSMISSION				)	
I hereby certify that th sufficient postage as t Box 1450, Alexandria	first class mail in an en	eing deposited wit velope addressed	th the United States Posta to: Mail Stop Non-Fee An	I Service on nendment,	n the date sho Commissione	own below with r for Patents, P.O.		
Typed or printed na							1	
Signature	1 this o	Res		Date	March 8, 2004			

Signature

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03/08/04

Date

Technology Center 2600 FEE TRANSMITTAL for FY 2004 Complete if Known Application Number 09/608,773 Filing Date June 30, 2000 Effective 01/01/2004. Patent fees are subject to annual revision. First Named Inventor Ryszard W. Dyrga **Examiner Name** D. Odland Applicant claims small entity status. See 37 CFR 1.27. Art Unit 2662 **TOTAL AMOUNT OF PAYMENT** 0.00 42390P8723 Attorney Docket No.

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)								
	3.	ADDITIO	NAL						
Check Credit card Money Other None									
Deposit Account	I —	arge Entity ee Fee	Fee	li Entity Fee	_				
Deposit		ode (\$)	Code	(\$)	Fee	Description		Fee Paid	
Account Number		51 130	2051	65	Surcharge - late filing	fee or oath			
Deposit	10	52 50	2052	25	Surcharge - late provide cover sheet.	sional filing fee or			
Account Name Blakely, Sokoloff, Taylor & Zafman LLP	20	n53 130 l	2053	130	Non-English specifica	tion			
The Commissioner is authorized to: ( check all that apply)		112 2,520	,	2,520	For filing a request for	ex parte reexamina	ation		
Charge fee(s) indicated below Credit any overpayments	18	920*	1804	920 1	Requesting publication  Examiner action	n of SIR prior to			
Charge any additional fee(s) or underpayment of fees as required under 37		1,840°	1805	1.840 '		n of SIR after		<b>  </b>	
CFR §§ 1.16, 1.17, 1.18 and 1.20.  Charge fee(s) indicated below, except for the filling fee	18	1,840	1005	.,540	* Requesting publication of SIR after Examiner action				
to the above-identified deposit account	12	51 110	2251	55	Extension for reply wit	hin first month			
FEE CALCULATION	12	252 420	2252	210	Extension for reply within second month				
1. BASIC FILING FEE	12	253 950	2253	475	Extension for reply with				
Large Entity Small Entity	12	254 1,480	2254	740	Extension for reply wit				
Fee Fee Fee Fee <u>Fee Description</u> Fee Paid Code (\$) Code (\$)	12	255 1,210	2255	605	Extension for reply wit	hin fifth month			
1001 770 2001 385 Utility filing fee	14	104 330	2401	165	Notice of Appeal				
1002 340 2002 170 Design filing fee		102 330	2402	165	Filing a brief in suppor				
1003 530 2003 265 Plant filling fee		103 290	2403	145	Request for oral heari				
1004 770 2004 385 Reissue filing fee	14		2451	1,510	Petition to institute a p	·	ng		
1005 160 2005 80 Provisional filing fee	H	152 110	2452	55 665	Petition to revive - uni				
SUBTOTAL (1) (\$)		153 1,330 301 1,330	2453	665	Utility issue fee (or rei				
O EVEDA OLAIM EEEC	15 15	602 480	2501 2502	240	Design issue fee	3300)			
2. EXTRA CLAIM FEES Extra Fee from Claims below Fee Paid		640	2503	320	Plant issue fee				
Total Claims	14	160 130	2460	130	Petitions to the Comm	nissioner			
Independent X = X	18	807 50	1807	50	Processing fee under	37 CFR 1.17(q)			
Multiple Dependent =	18	306 180	1806	180	Submission of Informa	ation Disclosure Str	mt		
Large Entity Small Entity  Fee Fee Fee Fee Fee Description	80	21 40	8021	40	Recording each pater property (times number				
Code (\$) Code (\$)	18	770	1809	385	Filing a submission aft (37 CFR § 1.129(a))	er final rejection			
1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3	18	110 770	2810	385	For each additional in				
1203 290 2203 145 Multiple Dependent claim, if not paid	1				examined (37 CFR § 1.129(b))				
1204 86 2204 43 **Reissue independent claims over original	18		2801	385	Request for Continued		=)		
patent 100 and aug		1802 900 1802			900 Request for expedited examination of a design application				
1205 18 2205 9 "Reissue claims in excess of 20 and over original patent	Othe	Other fee (specify) Response to Office Action					0.00		
SUBTOTAL (2) (\$)	· Red	*Reduced by Basic Filing Fee Paid			SUBTOTAL (3) (\$)				
**or number previously paid, il greater, For Reissues, see below	,					<u> </u>	0.00		
SUBMITTED BY Complete (if applicable)									
Name (Print/Type) Lisa Tom		Registration No. (Attorney/Agent)		5	52,291 Telephone (5		(503) 68	503) 684-6200	

Signature